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PTO/SB/82 (04-05)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09765485
Filing Date	Jan, 19, 2001
First Named Inventor	Michael Sharp
Art Unit	
Examiner Name	
Attorney Docket Number	65-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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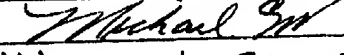
<input checked="" type="checkbox"/> Firm or Individual Name	Michael Sharp		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Michael Sharp		
Date	10-27-2005	Telephone	281-354-7677

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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